STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments This visit was for a state home health agency relicensure survey. Survey Dates: December 18 and 19, 2013 Facility #: 011253 Medicaid Vendor #: NA Surveyor: Bridget Boston, RN, PH Nurse Surveyor, Team Leader Shannon Pietraszewski RN, PH Nurse Surveyor, Team Member Census: 4 Current Skilled patients: 4 Quality Review: Joyce Elder, MSN, BSN, RN January 3, 2014 This survey was modified in an IDR 2/19/14. je	N 000		
N 440	410 IAC 17-12-1(a) Home health agency administration/management Rule 12 Sec. 1(a) Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level shall be: (1) clearly set forth in writing; and (2) readily identifiable. This RULE is not met as evidenced by: Based on document review, the agency failed to ensure there was an organizational chart with lines of authority down to the patient care level with the the potential to affect the current 4 patients that received skilled services from the	N 440		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 440	Continued From page 1 agency. (Patients #1, #2, #3, and #4) Finding include: On 12/19/13 at 10:15 a.m., the Administrator provided an organization chart. The organizational chart did not evidence lines of authority down to the patient level.	N 440		
N 446	410 IAC 17-12-1(c)(3) Home health agency administration/management Rule 12 410 IAC 17-12-1(c)(3) Sec. 1(c)(3) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (3) Employ qualified personnel and ensure adequate staff education and evaluations. This RULE is not met as evidenced by: Based on personnel file and policy review and interview, the administrator failed to ensure 1 of 1 licensed practical nurse (LPN) file reviewed (file F) was adequately evaluated with the potential to affect all current patients. The findings include: 1. Personnel file F, date of hire 1/16/07, lacked an annual performance evaluations for the calendar years 2009, 2010, 2011, 2012, and present year 2013. 2. On 12/19/13 at 5 PM, the administrator indicated there was no policy for the frequency of supervision of the LPN and that there was no performance evaluations available for review for	N 446		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 446	Continued From page 2 the years since 2008. 3. The agency policy titled "Supervision of Staff" void of effective date stated, "All staff providing home care services will be supervised as outlined by federal and state regulations and accepted standards of practice. ... Clinical supervisors will participate in joint visits with staff to observe performance at least annually as part of the performance evaluation process."	N 446		
N 456	410 IAC 17-12-1(e) Home health agency administration/management Rule 12 Sec. 1(e) The administrator shall be responsible for an ongoing quality assurance program designed to do the following: (1) Objectively and systematically monitor and evaluate the quality and appropriateness of patient care. (2) Resolve identified problems. (3) Improve patient care. This RULE is not met as evidenced by: Based on document review, policy review, and interview, the administrator failed to ensure the ongoing quality assurance and performance improvement program was designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, resolved identified problems, and improved patient care for 4 of 4 agency meeting minutes reviewed with the potential to affect all the agency's patients. The findings include: 1. The administrative documents provided as the agency's Quality Assessment and Improvement	N 456		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 456	Continued From page 3 Program dated 11/15/12, 3/7/13, 7/17/13, and 9/25/13 were reviewed. The documents failed to evidence the agency objectively and systematically monitored the patient care delivered to the home health agency patients, was developed to identify problems and to improve and resolve identified problems, and objectively reevaluated to determine if patient care was improved. 2. The policy titled "Performance Improvement" dated 10/26/10 stated, "Agency shall establish a performance improvement plan to measure, assess, and improve the performance of clinical and other processes. The agency has adopted the Plan Do Study Act (PDSA) performance improvement model to guide the process. Due to small sample sized, data collection and analysis may be elongated and limited to sentinel or compliance issues. ... Data will be collected to allow the agency to monitor its performance. ... Data will be systematically collected to measure process and outcome. Data will be assessed to: Identify current level of performance. Identify effectiveness of communication systems. Identify areas to be improved. Identify strategies to stabilize or improve processes. Evaluate whether outcomes were achieved." 3. On 12/19/2012 at 5 PM, the administrator indicated there was no further information for review and the agency spent a great deal of time to ensure they were compliant with the new regulations related to Protected Health Information.	N 456		
N 458	410 IAC 17-12-1(f) Home health agency administration/management	N 458		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 458	Continued From page 4 Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following: (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations. This RULE is not met as evidenced by: 3. The agency policy titled "Supervision of Staff" void of effective date stated, "All staff providing home care services will be supervised as outlined by federal and state regulations and accepted standards of practice. ... Clinical supervisors will participate in joint visits with staff to observe performance at least annually as part of the performance evaluation process." Based on personnel file and policy review and interview, the agency failed to ensure personnel files included annual performance evaluations for 1 of 1 personnel file review for a licensed practical nurse. (employee F) Finding include: 1. Personnel file F, a licensed practical nurse with a date of hire 01/16/2007, failed to evidenced an annual performance evaluation for the years	N 458		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 458	Continued From page 5 2009, 2010, 2011, 2012, and 2013. 2. The Administrator indicated she was not able to locate the annual evaluations for the years 2009, 2010, 2011, and 2012.	N 458		
N 472	410 IAC 17-12-2(a) Q A and performance improvement Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures. This RULE is not met as evidenced by: Based on document review, policy review, and interview, the agency failed to ensure the ongoing quality assurance and performance improvement program was designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, resolved identified problems, and improved patient care for 4 of 4 agency meeting minutes reviewed with the potential to affect all the agency's patients. The findings include: 1. The administrative documents provided as the agency's Quality Assessment and Improvement Program dated 11/15/12, 3/7/13, 7/17/13, and	N 472		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 472	Continued From page 6 9/25/13 were reviewed. The documents failed to evidence the agency objectively and systematically monitored the patient care delivered to the home health agency patients, was developed to identify problems and to improve and resolve identified problems, and objectively reevaluated to determine if patient care was improved. 2. The policy titled "Performance Improvement" dated 10/26/10 stated, "Agency shall establish a performance improvement plan to measure, assess, and improve the performance of clinical and other processes. The agency has adopted the Plan Do Study Act (PDSA) performance improvement model to guide the process. Due to small sample sized, data collection and analysis may be elongated and limited to sentinel or compliance issues. ... Data will be collected to allow the agency to monitor its performance. ... Data will be systematically collected to measure process and outcome. Data will be assessed to: Identify current level of performance. Identify effectiveness of communication systems. Identify areas to be improved. Identify strategies to stabilize or improve processes. Evaluate whether outcomes were achieved." 3. On 12/19/2012 at 5 PM, the administrator indicated there was no further information for review and the agency spent a great deal of time to ensure they were compliant with the new regulations related to Protected Health Information.	N 472		
N 484	410 IAC 17-12-2(g) Q A and performance improvement Rule 12 Sec. 2(g) All personnel providing	N 484		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 484	Continued From page 7 services shall maintain effective communications to assure that their efforts appropriately complement one another and support the objectives of the patient's care. The means of communication and the results shall be documented in the clinical record or minutes of case conferences. This RULE is not met as evidenced by: 5. The policy titled "Skilled Nursing Services" dated 10/26/10 states, "The Licensed Practical Nurse: ... Reports findings and observations to the registered nurse and other members of the team to assure coordination and timely response to patient changes or needs." Based on clinical record review, policy review, and interview, the agency failed to ensure effective communication was established between the nursing staff for 1 of 1 closed clinical records reviewed and the potential to affect all current patients. (# 5) Findings include: 1. Clinical record # 5, start of care 07/09/13, evidenced a nurse note dated 7/12/13, written by employee F, a licensed practical nurse, that documented the patient had a scant amount of fresh blood to the left nephrostomy tube site, complained of pain during the dressing change, complained of soreness to the buttocks, and was observed to have excoriation to the inner thigh. The record failed to evidence the LPN notified the registered nurse of the findings. A. A nurse noted dated 7/15/13 and written by employee F evidenced the patient was assessed to have an open area around the right	N 484		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 484	Continued From page 8 nephrostomy site. The record failed to evidence the change in the patient was reported to the registered nurse. B. A nurse note dated 7/30/13 and written by employee F evidenced the patient complained of kidney spasms and reported a pain level of 5 on a pain scale of 1-10 with 10 being the worst pain. The clinical record failed to evidence employee F reported the changes to the registered nurse. C. A nurse note dated 8/06/13 and written by employee F evidenced the patient continued to have painful kidney spasms 4 to 5 times per day. The clinical record failed to evidence employee F reported the changes in the patient to the registered nurse. 2. On 12/18/13 at 11:00 AM, the administrator indicated staff would bring their their own visit notes into the office every 7-14 days. 3. On 12/18/13 at 2:50 PM, Employee B (a registered nurse) indicated Employee F did not contact her regarding the painful bladder spasms, excoriation, and open area around the right nephrostomy site. Employee B indicated she would review the clinical notes when Employee F wound turn them in. 4. The policy titled "Coordination of Patient Services-Interagency" [undated] stated, "All personnel furnishing services, including skilled home health care and hospice, shall maintain a liaison to assure that their efforts are coordinated effectively and support the objectives outlined in the Service Plan. This may be done through written and verbal interaction."	N 484		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 486	Continued From page 9	N 486		
N 486	410 IAC 17-12-2(h) Q A and performance improvement Rule 12 Sec. 2(h) The home health agency shall coordinate its services with other health or social service providers serving the patient. This RULE is not met as evidenced by: Based on clinical record review, policy review, and interview, the agency failed to ensure coordination of care occurred with other entities providing services with the potential to affect all patients who receive services from another entity. (#2 and 5) Findings include: 1. Clinical Record # 2, SOC 07/19/12, evidenced the patient received services from a personal service agency. The record failed to evidence the agency had coordinated with the personal care attendants who provided 24 hour care. 2. Clinical Record # 5, SOC 07/09/13, evidenced the patient received services from a personal service agency. The record failed to evidence the agency had coordinated with the personal care attendants who assisted the patient with activities of daily living. The clinical record also failed to include coordination of care between the home health agency and the nursing home the patient was discharged from on 10/04/13. 3. An interview with Employee B (Registered Nurse) on 12/19/13 at 12:00 p.m., indicated she did not have documentation of coordination of services with the discharging nursing home and the personal care attendants.	N 486		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 486	Continued From page 10 4. A policy titled "Coordination of Patient Services-Interagency" [undated], indicated "Purpose: To ensure appropriate, quality care is being provided to patients, To establish effective interchange, reporting, and coordination of patient care does occur, To modify the plan to reflect needs or changes identified to avoid duplication of services, To evaluate the adequacy of treatment and the effect of services provided, To determine the continuation of services and/or future plans of care."	N 486		
N 494	410 IAC 17-12-3(a)(1)&(2) Patient Rights Rule 12 Sec. 3(a) The patient or the patient's legal representative has the right to be informed of the patient's rights through effective means of communication. The home health agency must protect and promote the exercise of these rights and shall do the following: (1) Provide the patient with a written notice of the patient's right: (A) in advance of furnishing care to the patient; or (B) during the initial evaluation visit before the initiation of treatment. (2) Maintain documentation showing that it has complied with the requirements of this section. This RULE is not met as evidenced by: Based on clinical record, agency policy, and document review and interview, the agency failed to ensure patients were informed of the Patient Rights found at 410 IAC 17-12-3 prior to the beginning of care for 4 of 4 patient records reviewed that received skilled services from this home health agency and from the separate personal service agency operated from the same	N 494		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 494	Continued From page 11 location and similar agency name (patient's 1, 2, 3, and 5) with the potential to affect all of the current 4 patients admitted. Findings include: 1. Clinical record #1, start of care 4/12/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. The record evidenced the patient received a Patient Rights document on 2/12/12 when the client was admitted to the Personal Service Agency. 2. Clinical record #2, start of care 7/19/12 failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. The record evidenced the patient received a Patient Rights document on 5/2/12 when the client was admitted to the Personal Service Agency. 3. Clinical record # 3, start of care 9/13/13 failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. The record evidenced the patient received a Patient Rights document on 12/5/12 when the client was admitted to the Personal Service Agency. 4. Clinical record #5, start of care 7/9/13 failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. The record evidenced the patient received a Patient Rights document on 11/2/12 when the client was	N 494		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 494	Continued From page 12 admitted to the Personal Service Agency. 5. During an interview on 12/18/13 at 2:35 PM, the director of nursing indicated that when a patient is admitted to the home health agency and was a current client of the personal service agency, the patient / legal representative does not receive a copy of the Home Health Patient Rights document because the personal service agency provided the same Patient Rights document. She indicated the admitting nurse was to verify that the home health patient continued to have a copy of the Patient's Rights document in the home and document in the patient record. 6. The policy titled "Patient Admission Process" dated 10/26/10 stated, "The admission process will include: ... Provide the patient / caregiver with a copy and an explanation of the Patient Rights."	N 494		
N 496	410 IAC 17-12-3(b) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (1) The patient's family or legal representative may exercise the patient's rights as permitted by law. This RULE is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to inform patients of the right that their family or legal representative could exercise the patient's rights as permitted by law for 5 of 5 patient records reviewed and the potential to affect all future patients (1, 2, 3, 4 and 5)	N 496		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 496	Continued From page 13 Findings include: 1. Clinical record #1, start of care (SOC) 4/12/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 2. Clinical Record # 2, SOC 07/19/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 3. Clinical record # 3, SOC 9/19/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 4. Clinical record # 4, SOC 11/9/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 5. Clinical record #5, start of care 7/9/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 6. An interview with Employee B (Registered Nurse) on 12/18/13 at 2:35 PM, indicated the patients rights were not presented when the patients were admitted to the home health agency because they received the same rights when they were admitted to the separately licensed Personal Service Agency which was	N 496		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 496	Continued From page 14 operated from the same location and under a similar name. 7. The policy titled "Patient Admission Process" dated 10/26/10 stated, "The admission process will include: ... Provide the patient / caregiver with a copy and an explanation of the Patient Rights."	N 496		
N 498	410 IAC 17-12-3(b)(2)(A) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (A) Have his or her property treated with respect. This RULE is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to ensure patients were advised of the patient's right to have his property treated with respect for 5 of 5 patient records reviewed and the potential to affect all future patients (1, 2, 3, 4 and 5) Findings include: 1. Clinical record #1, start of care (SOC) 4/12/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 2. Clinical Record # 2, SOC 07/19/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient	N 498		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 498	Continued From page 15 was admitted to the home health agency. 3. Clinical record # 3, SOC 9/19/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 4. Clinical record # 4, SOC 11/9/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 5. Clinical record #5, start of care 7/9/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 6. An interview with Employee B (Registered Nurse) on 12/18/13 at 2:35 PM, indicated the patients rights were not presented when the patients were admitted to the home health agency because they received the same rights when they were admitted to the separately licensed Personal Service Agency which was operated from the same location and under a similar name. 7. The policy titled "Patient Admission Process" dated 10/26/10 stated, "The admission process will include: ... Provide the patient / caregiver with a copy and an explanation of the Patient Rights."	N 498		
N 500	410 IAC 17-12-3(b)(2)(B) Patient Rights Rule 12 (b) The patient has the right to exercise	N 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 500	Continued From page 16 his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (B) Voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the home health agency and must not be subjected to discrimination or reprisal for doing so. This RULE is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to inform patients of the right to voice grievances regarding treatment or care that is or fails to be furnished or regarding the lack of respect for property by anyone who is furnishing services on behalf of the home health agency and must not be subjected to discrimination or reprisal for doing so for 5 of 5 patient records reviewed and the potential to affect all future patients (1, 2, 3, 4 and 5) Findings include: 1. Clinical record #1, start of care (SOC) 4/12/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 2. Clinical Record # 2, SOC 07/19/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 3. Clinical record # 3, SOC 9/19/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights	N 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 500	Continued From page 17 required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 4. Clinical record # 4, SOC 11/9/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 5. Clinical record #5, start of care 7/9/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 6. An interview with Employee B (Registered Nurse) on 12/18/13 at 2:35 PM, indicated the patients rights were not presented when the patients were admitted to the home health agency because they received the same rights when they were admitted to the separately licensed Personal Service Agency which was operated from the same location and under a similar name. 7. The policy titled "Patient Admission Process" dated 10/26/10 stated, "The admission process will include: ... Provide the patient / caregiver with a copy and an explanation of the Patient Rights."	N 500		
N 502	410 IAC 17-12-3(b)(2)(C) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (C) Place a complaint with the department regarding treatment or care furnished by a home	N 502		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 502	Continued From page 18 health agency. This RULE is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to ensure the patient had been notified of the right to place a complaint with the department regarding treatment or care furnished by the home health agency and was given the toll free number of the Home Health Complaint Hotline for 5 of 5 patient records reviewed and the potential to affect all future patients (1, 2, 3, 4 and 5) Findings include: 1. Clinical record #1, start of care (SOC) 4/12/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 2. Clinical Record # 2, SOC 07/19/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 3. Clinical record # 3, SOC 9/19/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 4. Clinical record # 4, SOC 11/9/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency.	N 502		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 502	Continued From page 19 5. Clinical record #5, start of care 7/9/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 6. An interview with Employee B (Registered Nurse) on 12/18/13 at 2:35 PM, indicated the patients rights were not presented when the patients were admitted to the home health agency because they received the same rights when they were admitted to the separately licensed Personal Service Agency which was operated from the same location and under a similar name. 7. The policy titled "Patient Admission Process" dated 10/26/10 stated, "The admission process will include: ... Provide the patient / caregiver with a copy and an explanation of the Patient Rights."	N 502		
N 504	410 IAC 17-12-3(b)(2)(D)(i) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (D) Be informed about the care to be furnished, and of any changes in the care to be furnished as follows: (i) The home health agency shall advise the patient in advance of the: (AA) disciplines that will furnish care; and (BB) frequency of visits proposed to be furnished. This RULE is not met as evidenced by: Based on clinical record and policy review and	N 504		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 504	Continued From page 20 interview, the agency failed to ensure the patient was advised in advance of care of the disciplines that would furnish care and the frequency of visits and services proposed to be provided for 5 (#s 1, 2, 3, 4 and 5) of 5 records reviewed with potential to affect all future patients admitted to the agency. The findings include: 1. Clinical record 1, start of care (SOC) 4/12/13, failed to evidence the patient or legal representative was advised in advance of care the proposed frequency of skilled nurse visits and anticipated outcomes. 2. Clinical record 2, SOC 7/19/12, failed to evidence the patient or legal representative was advised in advance of care the proposed frequency of skilled nurse visits and anticipated outcomes. 3. Clinical record # 3, SOC 9/19/13, failed to evidence the patient or legal representative was advised in advance of care the proposed frequency of skilled nurse visits and anticipated outcomes. 4. Clinical record # 4, SOC 11/9/12, failed to evidence the patient or legal representative was advised in advance of care the proposed frequency of skilled nurse visits and anticipated outcomes. 5. Clinical record #5, SOC 7/9/13, failed to evidence the patient or legal representative was advised in advance of care the proposed frequency of skilled nurse visits and anticipated outcomes.	N 504		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 504	Continued From page 21 6. On 12/18/13 at 2:35 PM, the director of nursing indicated the frequency of the visits proposed on the admission documents was not clearly documented. 6. The policy titled "Patient Admission Process" dated 10/26/10 stated, "The admission process will include: ... Provide the patient / caregiver with a copy and an explanation of the Patient Rights."	N 504		
N 505	410 IAC 17-12-3(b)(2)(D)(ii) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (D) Be informed about the care to be furnished, and of any changes in the care to be furnished as follows: (ii) The patient has the right to participate in the planning of the care. The home health agency shall advise the patient in advance of the right to participate in planning the following: (AA) The care or treatment. (BB) Changes in the care or treatment. This RULE is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to ensure the patient was informed of the patient right to participate in planning of their care and the right to be informed of any changes in the care to be furnished for 5 of 5 patient records reviewed and the potential to affect all future patients (1, 2, 3, 4 and 5) Findings include: 1. Clinical record #1, start of care (SOC)	N 505		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 505	Continued From page 22 4/12/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 2. Clinical Record # 2, SOC 07/19/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 3. Clinical record # 3, SOC 9/19/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 4. Clinical record # 4, SOC 11/9/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 5. Clinical record #5, start of care 7/9/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 6. An interview with Employee B (Registered Nurse) on 12/18/13 at 2:35 PM, indicated the patients rights were not presented when the patients were admitted to the home health agency because they received the same rights when they were admitted to the separately licensed Personal Service Agency which was operated from the same location and under a similar name.	N 505		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 505	Continued From page 23 7. The policy titled "Patient Admission Process" dated 10/26/10 stated, "The admission process will include: ... Provide the patient / caregiver with a copy and an explanation of the Patient Rights."	N 505		
N 506	410 IAC 17-12-3(b)(2)(D)(iii) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (D) Be informed about the care to be furnished, and of any changes in the care to be furnished as follows: (iii) The home health agency shall advise the patient of any change in the plan of care, including reasonable discharge notice. This RULE is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to ensure patients were advised of their right to be notified of any changes in the plan of care including a reasonable discharge notice for 5 of 5 patient records reviewed and the potential to affect all current and future patients (1, 2, 3, 4 and 5) Findings include: 1. Clinical record #1, start of care (SOC) 4/12/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 2. Clinical Record # 2, SOC 07/19/12, failed to	N 506		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 506	Continued From page 24 evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 3. Clinical record # 3, SOC 9/19/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 4. Clinical record # 4, SOC 11/9/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 5. Clinical record #5, start of care 7/9/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 6. An interview with Employee B (Registered Nurse) on 12/18/13 at 2:35 PM, indicated the patients rights were not presented when the patients were admitted to the home health agency because they received the same rights when they were admitted to the separately licensed Personal Service Agency which was operated from the same location and under a similar name. 7. The policy titled "Patient Admission Process" dated 10/26/10 stated, "The admission process will include: ... Provide the patient / caregiver with a copy and an explanation of the Patient Rights."	N 506		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 508	Continued From page 25	N 508		
N 508	410 IAC 17-12-3(b)(2)(E) Patient Rights Rule 12 Sec. 3(b)(2)(E) (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (E) Confidentiality of the clinical records maintained by the home health agency. The home health agency shall advise the patient of the agency's policies and procedures regarding disclosure of clinical records. This RULE is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to ensure the patient / legal representative was informed of the patient right to confidentiality of the patient's record and the agency's policies and procedures regarding disclosure of the clinical record during the admission process and the agency failed to maintain confidentiality of the medical records for 5 of 5 records reviewed (# 1, 2, 3, 4, and 5) which affected all the agency patients and the potential to affect all future patients. Findings include: 1. The review of the clinical records for the patients identified as 1, 2, 3, 4, and 5 evidenced the they were maintained with and combined with the records of the separately licensed Personal Services Agency (PSA) with similar name and operated from the same office location. A. Clinical record 1, start of care (SOC) 4/12/13, evidenced admission documents from the admission to the PSA dated 2/12/12, the service agreement, and supervision of the	N 508		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 508	Continued From page 26	N 508		

attendant care aides, the home health admission documents dated 4/11/13, physician orders, plans of care, medication profiles, and nurse notes from the services provided from the home health agency.

B. Clinical record #2, SOC 7/19/12, evidenced admission documents from the admission to the PSA dated 5/2/12, the service agreement, and supervision of the attendant care aides from the PSA, home health admission documents dated 7/19/12 and included home health comprehensive assessment and reassessments, physician orders, plans of care, medication profiles, and nurse visit notes.

C. Clinical record # 3, SOC 9/19/13, evidenced admission documents from the admission to the PSA dated 12/5/12, the service agreement, and supervision of the attendant care aides from the PSA, the home health comprehensive assessment and reassessments, physician orders, plan of care, medication profile, and nurse notes from the skilled nurse services provided from the home health agency.

D. Clinical record # 4, SOC 11/9/12, evidenced admission documents from the admission to the PSA dated 10/24/12, the service agreement, and supervision of the attendant care aides from the PSA, home health admission documents dated 11/9/12, comprehensive assessments and reassessments, physician orders, plans of care, medication profiles, and nurse notes from the skilled nurse services provided from the home health agency.

E. Clinical record #5, start of care 7/9/13, evidenced admission documents from the admission to the PSA dated 11/2/12, the service

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 508	Continued From page 27 agreement, and supervision of the attendant care aides from the PSA, and home health admission documents including the comprehensive assessment, physician orders, plan of care, medication profile, information form other health care providers, and nurse notes from the skilled nurse services provided from the home health agency. 2. On 12/18/13 at 2:35 PM, the director of nursing indicated when a client from the Personal Service Agency adds services from the home health agency, the agency does not maintain a separate home health record, she indicated the client record of the Personal Service Agency and the Home Heath Agency patient records are combined into one record and indicated it was easier to maintain one record rather than two. 3. The policy titled "Patient Admission Process" dated 10/26/10 stated, "The admission process will include: ... Provide the patient / caregiver with a copy and an explanation of the Patient Rights."	N 508		
N 510	410 IAC 17-12-3(b)(3) Patient Rights Rule 12 Sec. 3(b)(3) (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (3) The patient or patient's legal representative has the right under Indiana law to access the patient's clinical records unless certain exceptions apply. The home health agency shall advise the patient or the patient's legal representative of its policies and procedures regarding the accessibility of clinical records.	N 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 510	Continued From page 28 This RULE is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to ensure the patient, or the patient's legal representative, was informed of the right to access the patient's records and of the agency's policies and procedures regarding the accessibility of clinical records for 5 of 5 patient records reviewed and the potential to affect all future patients (1, 2, 3, 4 and 5) Findings include: 1. Clinical record #1, start of care (SOC) 4/12/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 2. Clinical Record # 2, SOC 07/19/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 3. Clinical record # 3, SOC 9/19/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 4. Clinical record # 4, SOC 11/9/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 5. Clinical record #5, start of care 7/9/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights	N 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 510	Continued From page 29 required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 6. An interview with Employee B (Registered Nurse) on 12/18/13 at 2:35 PM, indicated the patients rights were not presented when the patients were admitted to the home health agency because they received the same rights when they were admitted to the separately licensed Personal Service Agency which was operated from the same location and under a similar name. 7. The policy titled "Patient Admission Process" dated 10/26/10 stated, "The admission process will include: ... Provide the patient / caregiver with a copy and an explanation of the Patient Rights."	N 510		
N 512	410 IAC 17-12-3(b)(4) Patient Rights Rule 12 Sec. 3(b)(4) (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (4) The patient has the right to be as follows: (A) Free from verbal, physical, and psychological abuse. (B) Treated with dignity. This RULE is not met as evidenced by: Based on clinical record and policy review, and interview, the agency failed to ensure the patient was advised of their right to be free from verbal, physical, and psychological abuse and to be treated with dignity for 5 of 5 patient records reviewed and the potential to affect all future patients (1, 2, 3, 4 and 5)	N 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 512	Continued From page 30 Findings include: 1. Clinical record #1, start of care (SOC) 4/12/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 2. Clinical Record # 2, SOC 07/19/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 3. Clinical record # 3, SOC 9/19/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 4. Clinical record # 4, SOC 11/9/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 5. Clinical record #5, start of care 7/9/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 6. An interview with Employee B (Registered Nurse) on 12/18/13 at 2:35 PM, indicated the patients rights were not presented when the patients were admitted to the home health agency because they received the same rights when they were admitted to the separately licensed Personal Service Agency which was	N 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 512	Continued From page 31 operated from the same location and under a similar name. 7. The policy titled "Patient Admission Process" dated 10/26/10 stated, "The admission process will include: ... Provide the patient / caregiver with a copy and an explanation of the Patient Rights."	N 512		
N 516	410 IAC 17-12-3(d) Patient Rights Rule 12 Sec. 3(d) (d) The home health agency shall make available to the patient upon request, a written notice in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment, a listing of all individuals or other legal entities who have an ownership or control interest in the agency as defined in 42 CFR § 420.201, 42 CFR § 420.202, and 42 CFR § 420.206, in effect on July 1, 2005. This RULE is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to ensure patients were informed of the right to receive, if requested, a disclosure of the agency ownership for 5 of 5 patient records reviewed and the potential to affect all future patients (1, 2, 3, 4 and 5) Findings include: 1. Clinical record #1, start of care (SOC) 4/12/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency.	N 516		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 516	Continued From page 32 2. Clinical Record # 2, SOC 07/19/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 3. Clinical record # 3, SOC 9/19/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 4. Clinical record # 4, SOC 11/9/12, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 5. Clinical record #5, start of care 7/9/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 6. An interview with Employee B (Registered Nurse) on 12/18/13 at 2:35 PM, indicated the patients rights were not presented when the patients were admitted to the home health agency because they received the same rights when they were admitted to the separately licensed Personal Service Agency which was operated from the same location and under a similar name. 7. The policy titled "Patient Admission Process" dated 10/26/10 stated, "The admission process will include: ... Provide the patient / caregiver with a copy and an explanation of the Patient Rights."	N 516		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 518	Continued From page 33	N 518		
N 518	410 IAC 17-12-3(e) Patient Rights Rule 12 Sec. 3(e) (e) The home health agency must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable state law. The home health agency may furnish advanced directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided. This RULE is not met as evidenced by: Based on clinical record, document, and policy review, observation, and interview, the agency failed to ensure the patient was informed, prior to care, of the Indiana Advance Directives upon admission to the home health agency for 5 of 5 patient records reviewed and the potential to affect all future patients of the agency, (# 1, 2, 3, 4, and 5). Findings include: 1. Clinical record #1, start of care (SOC) 4/12/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 2. Clinical record # 3, SOC 9/19/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 3. Clinical record # 4, SOC 11/9/12, failed to evidence the patient or legal representative was	N 518		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 518	Continued From page 34 informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 4. Clinical record #5, start of care 7/9/13, failed to evidence the patient or legal representative was informed of the home health Patient Rights required by 410 IAC 17-12-3 when the patient was admitted to the home health agency. 5. The policy titled "Patient Admission Process" dated 10/26/10 stated, "The admission process will include: ... Provide the patient / caregiver with a copy and an explanation of the Patient Rights." 6. Clinical Record # 2, SOC 07/19/12, evidenced acceptance of the Patient Rights within the Patient handbook under the Personal Attendant Care Services dated 05/02/12. The lower right corner of the page evidenced Employee C (Registered Nurse) documented "Per [Name of Employee] 07/20/12 Verified Handout/RR still in the home." 7. An interview with Employee B (Registered Nurse) on 12/18/13 at 2:35 p.m., indicated the patients rights for personal care services was the same as the home health agency and she did not obtain a new signature from the patient or family member when the patient was admitted to home health services.	N 518		
N 522	410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:	N 522		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 522	Continued From page 35 This RULE is not met as evidenced by: Based on policy and clinical record review and interview, the home health agency failed to ensure skilled nursing visits and attendant care visits were made in accordance with the medical plan of care (patient 3) and the physician was consulted for orders prior to providing skilled services (# 1, 2, and 5) for 4 of 5 records reviewed with the potential to affect all the agency's patients. The findings include: 1. The policy titled "Skilled Nursing Services" dated 10/26/10 states, "The Registered Nurse: ... Initiates the Plan of Care and necessary revisions and updates the plan of care and the care plan. ... Informs the physician and other personnel of changes in the patient condition and needs as needed. promptly alerts the physician to any changes that suggest a need to alter the plan of care." 2. The undated policy titled "Physician Orders" states, "All medications, treatment, and services provided to patients must be ordered by a physician." 3. The policy titled "Plan of Care" dated 11/15/10 states, "Home care services are furnished under the supervision and direction of the patient's physician. The plan of care is based on a comprehensive assessment and information provided by the patient / family. ... Professional staff shall promptly alert the physician to any changes that suggest a need to alter the Plan Of Care once informed by the client. Verbal /	N 522		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 522	Continued From page 36 telephone orders shall be obtained from the patient's physician for changes in the Plan of Care." 4. Clinical record #1, start of care (SOC) 4/12/13, contained physician ordered plans of care dated 8/12/13 through 10/11/13 and 11/1/13 through 12/31/13. The record evidenced the patient was hospitalized on 10/10/13 and then entered a skilled nursing facility (SNF) and was discharged to a private residence on 11/2/13. A. The record evidenced the director of nursing made a visit to the patient on 11/1/3 while in the SNF and conducted the comprehensive reassessment and created the plan of care dated 11/1/13 through 12/31/13 with orders for skilled nursing (SN) to visit "At least every thirty days" for 2 months to pre-set the patient's medications. The record evidenced the director of nursing made a skilled nurse visit on 11/3/13 and pre-set the patient's medications. The record failed to evidence the attending physician ordered the skilled nurse services provided and authorized the medications the nurse prepared for the patient. B. On 12/18/13 at 11:30 AM, the director of nursing indicated she obtained a list of medications from the SNF on 11/1/13 that were administered to the patient as of 11/1/13 and ordered by the SNF physician, then she wrote the new plan of care and submitted to the attending physician on 11/1/13. She indicated she did not contact the attending regarding the current status of the patient and / or obtain a physician order from the attending physician to provide home health services and pre-set the patient's medications according to the medication list from the SNF.	N 522		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 522	Continued From page 37 5. Clinical record #3, SOC 9/19/13 contained a physician ordered plan of care dated 9/19/13 through 11/9/13 with orders for skilled once every two weeks and personal care attendant services for two hours every day, seven days a week. The record failed to evidence the attendant services were provided as ordered on the plan of care. On 12/18/13 at 2:30 PM, employee B indicated the attendant services were provided by the Personal Services Agency of the same name and operated from the same location and were not provided by the home health agency. 6. Clinical Record 2, SOC 07/19/12, evidenced physician orders for certification period 09/19/13 to 11/18/13 for skilled nursing services to assist with medication management at least every 30 days for 2 months. The clinical record evidenced the patient was seen on 09/20/13, 10/02/13, 10/09/13, 10/16/13, 10/23/13, 10/24/13, 10/30/13, 11/6/13, and 11/13/13. The record failed to include an order for the additional visits. 7. Clinical Record 5, SOC 07/09/13, evidenced physician orders for certification period 07/09/13 to 09/09/13 for skilled nursing services to assist with medication management at least every 30 days for 2 months. A physician order dated 07/10/13, indicated for skilled nursing to change the patient's dressing every 3 days and prn (as needed). The clinical record evidenced the patient was not seen for 9 days between 07/15/13 to 07/25/13. 8. On 12/18/13 at 2:35 p.m., Employee B (Registered Nurse) indicated the agency would have patients in the past change their minds on the amount of nursing visits, so she would write	N 522		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 522	Continued From page 38 monthly visits versus having to write physician orders frequently.	N 522		
N 524	410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. This RULE is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to ensure the plan of care included all required elements for 2 of 5 records reviewed (#'s 2 and 5) and the potential to affect all the agency's patients. The findings include:	N 524		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 524	Continued From page 39 1. Clinical Record # 2, SOC 07/19/12, evidenced physician orders for certification period 09/19/13 to 11/18/13 for skilled nursing services to assist with medication management at least every 30 days for 2 months. The Plan of Care failed to include any safety measures to protect the patient against injury as required by agency policy. 2. Clinical Record # 5, start of care 07/09/13, evidenced physician orders for certification periods 07/09/13 to 09/09/13 and 9//9/13 to 11/8/13 for skilled nursing to assist with dressing change to nephrostomy tubes. A physician order dated 07/10/13 indicated for skilled nursing to change the patient's dressing every 3 days and as needed. The Plan of Care failed to include the type of dressing and directions for treatment and any safety measures to protect the patient against injury as required by agency policy. 3. On 12/19/13 at 5:00 p.m., the Administrator and Employee B indicated they would not observe or provided education for safety if they were only doing medication set up in the home. 4. A policy titled "Plan of Care" dated 11/15/10 indicated "The Plan of Care shall be completed in full to include: ... Type, frequency, and duration of all visits / services ... Medications, treatments, and procedures, Any safety measures to protect against injury."	N 524		
N 527	410 IAC 17-13-1(a)(2) Patient Care Rule 13 Sec. 1.(a)(2) The health care professional staff of the home health agency shall promptly alert the person responsible for the medical component of the patient's care to any	N 527		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 527	Continued From page 40 changes that suggest a need to alter the medical plan of care. This RULE is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to ensure the physician was notified of a change in condition for 1 of 5 records reviewed with the potential to affect all patients with a change in condition. (Patient # 5) Findings included: 1. Clinical record 5, SOC (start of care) 07/09/13, with physician orders for 07/09/13 to 09/09/13, evidenced, on 07/12/13, Employee F (Licensed Practical Nurse) documented the patient had a scant amount of fresh blood to her left nephrostomy tube site during the dressing change and complained of pain during the dressing change. The clinical record had also evidenced the patient complained of soreness to her buttocks and was found to have excoriation to the inner thigh. The record failed to evidence the physician was notified of these findings. a. Skilled nurse visit note dated 7/15/13 evidenced the patient had an open area around the right nephrostomy site. The record failed to evidence the physician was notified of these findings. b. Skilled nurse visit note dated 7/30/13 evidenced the patient had kidney spasms with a pain level of 5 on a pain scale of 1-10 with 10 being the worst amount of pain. The record failed to evidence the physician was notified of these findings.	N 527		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 527	Continued From page 41 c. Skilled nurse visit note dated 8/06/13 evidenced the patient continued to have painful kidney spasms 4 to 5 times per day. The record failed to evidence the physician was notified of these findings. d. An interview with Employee B (Registered Nurse) on 12/18/13 at 2:50 p.m., indicated Employee F did not contact her regarding the painful bladder spasms, excoriation, and open area around the right nephrostomy site. Employee B indicated she would review the clinical notes when Employee F wound turn them in. 2. A policy titled, "Skilled Nursing Services" dated 10/26/10, indicated "The Licensed Practical Nurse: ... Assists the registered nurse to complete the physician plan of care for skilled services ... Reports findings and observations to the registered nurse and other members of the team to assure coordination and timely response to patient changes or needs. ... Informs MD of findings and observations, after consultation with RN, to assure coordination and timely response to patient changes or needs."	N 527		
N 529	410 IAC 17-13-1(a)(2) Patient Care Rule 13 Sec. 1(a)(2) A written summary report for each patient shall be sent to the: (A) physician; (B) dentist; (C) chiropractor; (D) optometrist or (E) podiatrist; at least every two (2) months.	N 529		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 529	Continued From page 42 This RULE is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to ensure summaries were written per agency policy and including a clinical synopsis of the patient's status and condition at least every 2 months for 3 of 5 clinical records reviewed with the potential to affect all current 4 patients. (#'s 1, 2, and 5) The findings include: 1. Clinical record #1, start of care (SOC) 4/12/13 contained a physician ordered plan of care dated 8/12/13 through 10/11/13 and 11/1/13 through 12/31/13. The record evidenced the patient was hospitalized on 10/10/13 and then entered a skilled nursing facility (SNF) and was discharge to an private residence on 11/2/13. The record failed to evidence a clinical synopsis of the patient's condition was submitted to the physician every 2 months. On 12/18/13 at 11:30 AM, the director of nursing indicated there was no other information for review. 2. Clinical Record # 2, SOC 07/19/12, evidenced physician orders for certification period 09/19/13 to 11/18/13 for skilled nursing services. The 60 day summary failed to include the patient was ordered to have a physical therapy evaluation and treatment and admission to the hospital for colitis during the previous certification period. 3. Clinical Record # 5, SOC 07/09/13, evidenced physician orders for certification period 09/09/13 to 11/09/13 for skilled nursing services. The 60 day summary failed to address the patient's pain related to kidney spasms, open area around the right nephrostomy tube, drainage around the left	N 529		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 529	Continued From page 43 nephrostomy tube, and the type of infection in relation to the hospitalization during the previous certification period. 4. A policy titled, "Physician Summary" [undated], indicated "A summary report will be provided to the physician no less than every two (2) months. The summary will provide a written report of the patient's current condition, the treatment and services provided, and the patient's response to the current treatment and / or medications, and pertinent changes in the patient's physical, emotional, or environment condition since the last report."	N 529		
N 532	410 IAC 17-13-1(d) Patient Care Rule 13 Sec. 1(d) Home health agency personnel shall promptly notify a patient's physician or other appropriate licensed professional staff and legal representative, if any, of any significant physical or mental changes observed or reported by the patient. In the case of a medical emergency, the home health agency must know in advance which emergency system to contact. This RULE is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to ensure the physician was notified of a change in condition for 1 of 5 records reviewed with the potential to affect all patients with a change in condition. (Patient # 5) Findings included: 1. Clinical record 5, SOC (start of care)	N 532		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 532	Continued From page 44 07/09/13, with physician orders for 07/09/13 to 09/09/13, evidenced, on 07/12/13, Employee F (Licensed Practical Nurse) documented the patient had a scant amount of fresh blood to her left nephrostomy tube site during the dressing change and complained of pain during the dressing change. The clinical record had also evidenced the patient complained of soreness to her buttocks and was found to have excoriation to the inner thigh. The record failed to evidence the physician was notified of these findings. a. Skilled nurse visit note dated 7/15/13 evidenced the patient had an open area around the right nephrostomy site. The record failed to evidence the physician was notified of these findings. b. Skilled nurse visit note dated 7/30/13 evidenced the patient had kidney spasms with a pain level of 5 on a pain scale of 1-10 with 10 being the worst amount of pain. The record failed to evidence the physician was notified of these findings. c. Skilled nurse visit note dated 8/06/13 evidenced the patient continued to have painful kidney spasms 4 to 5 times per day. The record failed to evidence the physician was notified of these findings. d. An interview with Employee B (Registered Nurse) on 12/18/13 at 2:50 p.m., indicated Employee F did not contact her regarding the painful bladder spasms, excoriation, and open area around the right nephrostomy site. Employee B indicated she would review the clinical notes when Employee F wound turn them in.	N 532		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 532	Continued From page 45 2. A policy titled, "Skilled Nursing Services" dated 10/26/10, indicated "The Licensed Practical Nurse: ... Assists the registered nurse to complete the physician plan of care for skilled services ... Reports findings and observations to the registered nurse and other members of the team to assure coordination and timely response to patient changes or needs. ... Informs MD of findings and observations, after consultation with RN, to assure coordination and timely response to patient changes or needs."	N 532		
N 539	410 IAC 17-14-1(a)(1) Scope of Services Rule 14 Sec. 1(a)(1) The registered nurse shall perform nursing duties in accordance with the Indiana Nurse Practice Act (IC 25-23). This RULE is not met as evidenced by: Based on clinical record and Indiana Nurse Practice Act review and interview, the agency failed to ensure the registered nurse only performed care as ordered by the physician in 2 of 5 clinical records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's current patients who receive registered nurse services. (# 1 and 5) The findings include: 1. The Indiana Nurse Practice Act, dated 2005, states, "Indiana Code 25-23-1-1.1 (b) ... (5) executing regimens delegated by a physician with an unlimited license to practice medicine or osteopathic medicine, a licensed dentist, a license chiropractor, a licensed optometrist, or a licensed podiatrist;" 2. Clinical record #1, start of care (SOC)	N 539		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 539	Continued From page 46 4/12/13 contained a physician ordered plan of care dated 8/12/13 through 10/11/13 and 11/1/13 through 12/31/13. The record evidenced the patient was hospitalized on 10/10/13 and then entered a skilled nursing facility (SNF) and was discharge to an private residence on 11/2/13. A. The record evidenced the director nursing made a visit to the patient on 11/1/3 while in the SNF and documented the visit as a comprehensive assessment and created the plan of care dated 11/1/13 through 12/31/13 with orders for skilled nursing (SN) to visit "At least every thirty days" for 2 months to pre-set the patient's medications. The record evienced the director of nursing made a skilled nurse visit on 11/3/13 and pre-set the patient's medications. The record failed to evidence the attending physician ordered the skilled nurse services provided on 11/3/13. B. On 12/18/13 at 11:30 AM, the director of nursing indicated she obtained a list of current medications from the SNF, ordered by a physican other than the patient's attending, and then she wrote the new plan of care dated 11/1/13 and submitted to the attending physician. She indicated she did not obtain a physician order from the attending physician to provide home health services and pre-set the patient's medications according to the medication list provided by the SNF on 11/1/13. 3. Clinical Record # 5, SOC 07/09/13, evidenced physician orders for certification period 07/09/13 to 09/09/13 for skilled nursing services to assist with medication management at least every 30 days for 2 months. The admitting Registered Nurse failed to obtain an order for the patient to be admitted to home health care services prior to	N 539		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 539	Continued From page 47 completing the comprehensive/admission assessment dated 07/09/13. A. A physician order dated 07/10/13, indicated for skilled nursing to change the patient's dressing every 3 days and prn (as needed). The clinical record evidenced the patient was not seen for 9 days between 07/15/13 to 07/25/13.	N 539		
N 540	410 IAC 17-14-1(a)(1)(A) Scope of Services Rule 14 Sec. 1(a) (1)(A) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (A) Make the initial evaluation visit. This RULE is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to ensure the initial assessments were complete in 2 (#2, and 5) of 5 records reviewed creating the potential to affect all of the agency's future patients. The findings include: 1. The policy titled "Comprehensive Patient Assessment" dated 09/18/12, indicated "In addition to general health status/system assessment, the agency comprehensive assessment tool will include: ... (b.) Cardiopulmonary status, (c.) Neuromuscular Status/Supportive assistance, (d.) Gastrointestinal and Genitourinary status, (e.) Sensory status, (f.) Integumentary status, (g.) Neurological/emotional/behavioral status, (h.) Activities of Daily Living."	N 540		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 540	Continued From page 48 2. Clinical record 2, start of care 7/19/12, included orders for the skilled nurse to pre-set the patients medications at least monthly. The record evidenced the patient's diagnoses included hypertension and stage III chronic kidney disease. The comprehensive admission assessment dated 07/19/12, failed to include vital signs, a neuromuscular assessment, ear, eyes, nose, mouth, and throat assessment, balance and gait, appetite, bowel status, and a skin assessment. The assessment identified dementia, the patient was confused regarding medications to take and when, and wanted to continue to drive. The initial assessment failed to evidence the registered nurse identified the primary caregiver, educated and implemented a plan to determine if the patient's blood pressure would be monitored and by whom. 3. Clinical Record # 5, SOC 7/09/13, evidenced physician orders for certification period 7/09/13 to 9/09/13 for skilled nursing services to assist with medication management at least every 30 days for 2 months. The comprehensive/admission assessment dated 07/09/13 failed to include all vital signs, lung and heart sounds, ambulation status, bowel status and location / appearance / number of nephrostomy tubes. 4. On 12/18/13 at 2:30 PM, the director of nursing indicated there was no further information to review. 5. A policy titled "Comprehensive Patient Assessment" dated 09/18/12 states, "In addition to general health status / system assessment, the agency comprehensive assessment tool will	N 540		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 540	Continued From page 49 include: ... (b.) Cardiopulmonary status, (c.) Neuromuscular Status/Supportive assistance, (d.) Gastrointestinal and Genitourinary status, (e.) Sensory status, (f.) Integumentary status, (g.) Neurological/emotional/behavioral status, (h.) Activities of Daily Living."	N 540		
N 541	410 IAC 17-14-1(a)(1)(B) Scope of Services Rule 14 Sec. 1(a) (1)(B) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (B) Regularly reevaluate the patient's nursing needs. This RULE is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to ensure the reevaluation of the patient's needs was complete for 3 of 5 clinical records reviewed of patients receiving skilled nursing services for at least 2 months with the potential to affect all the patients of the agency receiving services longer than 2 months. (# 1, 2, and 5) The findings include: 1. Clinical record #1, start of care (SOC) 4/12/13, evidenced the updated assessment dated 6/12/13 failed to include an assessment of the patient's blood pressure. A. The record evidenced an updated assessment dated 8/14/13 that failed to include an assessment of the patient's vital signs. B. The record evidenced the patient was hospitalized on 10/10/13 and then entered a	N 541		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 541	Continued From page 50 skilled nursing facility (SNF) and was discharge to an independent private residence on 11/2/13. The record evidenced the director nursing made a visit to the patient on 11/1/3 while in the SNF and documented the visit as a comprehensive assessment. The comprehensive assessment and record notes dated 11/1/13 failed to include the assessment included vital signs, a review of the patients medications as ordered by the attending physician, and the patient's support care needs. C. On 12/18/13 at 11:30 AM, the director of nursing indicated there was no further information available. 2. Clinical record 2, start of care 7/19/12, included a comprehensive reassessment dated 9/14/12 that failed to include all vital signs and a skin assessment. The registered nurse identified the patient had frequent falls, ten in the last 2 months and required 24 hour care. The record failed to evidenced the registered nurse assessed for the cause of the frequency falls. A. The comprehensive reassessment dated 11/16/12 failed to include all vital signs, heart sounds, appetite, bowel status, and vision. B. The comprehensive reassessment dated 1/18/13 failed to include all vital signs, heart sounds, genitourinary and bowel status, an assessment of ears, nose, throat, eyes, and skin assessment. C. The comprehensive reassessment dated 3/22/13, failed to include all vital signs, heart sound, and lung sounds.	N 541		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 541	Continued From page 51 D. The comprehensive reassessment dated 5/17/13, failed to include all vital signs and heart sounds. E. The comprehensive reassessment dated 7/17/13, failed to include all vital signs, weight, and heart sounds. F. The comprehensive reassessment dated 9/18/13, failed to include vital signs, heart sounds, weight, and lung sounds. H. The comprehensive reassessment dated 11/20/13, failed to include all vital signs, no blood pressure was assessed, and weight. 3. Clinical Record # 5, SOC 07/09/13, evidenced physician orders for certification period 07/09/13 to 09/09/13 for skilled nursing services to assist with medication management at least every 30 days for 2 months. A. The comprehensive/admission assessment dated 09/09/13 failed to include all vital signs, lung and heart sounds, ambulation status, bowel status and location / appearance / number of nephrostomy tubes. B. The clinical record failed to evidence the Registered Nurse completed the reassessment on 10/8/13 upon return to home from a skilled nursing facility. The record evidenced employee F, a licensed practical nurse, completed the skilled nurse visit on 10/8/13. 4. A policy titled "Comprehensive Patient Assessment" dated 09/18/12 stated, "In addition to general health status/system assessment, the agency comprehensive assessment tool will include: ... (b.) Cardiopulmonary status, (c.)	N 541		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 541	Continued From page 52 Neuromuscular Status/Supportive assistance, (d.) Gastrointestinal and Genitourinary status, (e.) Sensory status, (f.) Integumentary status, (g.) Neurological/emotional/behavioral status, (h.) Activities of Daily Living ... Reassessments are conducted based on patient needs, physician orders, professional judgment and/or regulatory requirement."	N 541		
N 542	410 IAC 17-14-1(a)(1)(C) Scope of Services Rule 14 Sec. 1(a) (1)(C) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (C) Initiate the plan of care and necessary revisions. This RULE is not met as evidenced by: 4. Clinical record 2, start of care 7/19/12, with orders for the skilled nurse to pre-set the patients medications at least monthly. The record evidenced the patient was hypertensive and was to take medications to control blood pressure daily and was at stage III of chronic kidney disease. A. The comprehensive reassessment dated 9/14/12 identified the patient had frequent falls, ten in the last 2 months and had 24 hour care. The record failed to evidence the registered nurse and developed and implemented a safety plan with the primary caregiver. B. The comprehensive reassessment dated 11/16/12 identified the patient experienced multiple falls, had poor judgement and dementia, and twenty-four hour care was in place due to the decline. The plan of care failed to evidence	N 542		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 542	Continued From page 53	N 542		

implementation of a safety plan and a request for therapy services.

C. The comprehensive reassessment dated 1/18/13, identified the patient had fallen four times in the previous week, had generalized weakness, was "confused," had begun to use a wheelchair for mobility when outside the home, and the the patient's chronic kidney disease was changed to a stage four. The record failed to evidence the registered nurse developed a plan of care with the primary caregiver with interventions and patient centered goals to maintain the patient's safety and health and with who was to monitor the patient's blood pressure, how often, which physician was to be notified, the parameters, and any dietary restrictions related to the chronic kidney disease.

D. The comprehensive assessment dated 7/17/13, identified the patient had all teeth removed and was to have a full set of dentures. The plan of care failed to include any change in diet needs to ensure adequate nutrition as related to the diagnosis of chronic kidney disease and oral health and healing related to the recent loss of all natural teeth and without replacement teeth or dentures at time of assessment and infection prevention methods for the patients oral heath.

E. The comprehensive reassessment dated 9/18/13, identified the patient was diagnosed with a urinary track infection on the previous day, 9/17/13, and "appetite improving." The record evidenced the patient was admitted to the hospital on 8/25/13 for rectal bleeding and was released on 8/29/13. The patient's co-morbidities included chronic kidney disease stage IV, hypertension, recently lost all remaining natural teeth, was incontinent, frequent falls, and had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 542	Continued From page 54 dementia with confusion. The registered failed to develop, implement, and reevaluate a plan of care with the primary caregiver and physician related to the patients multiple co-morbidities and the recent diagnosis of urinary track infection to promote the patient's health and safety and attain the goal as indicated on the plan of care dated 9/19/13 to 11/18/13 to remain at home. 5. The policy titled "Patient Admission Process" dated 10/26/10 stated, "The admission process will include: ... The registered nurse shall complete the Assessment Form, Plan of Care / 485, Care Plan if indicated, Medication regime review, and additional documents, as required. The data gathered shall form the basis of the Plan of Care and Care Plan. Assess and document the patient's vulnerability status. Identify specific safety measures relating to the vulnerability area. safety measures will be documented in the record and on the care plan as applicable. Review the plan for services, treatment, and care with the patient / caregiver and obtain input when possible. Inform the patient / caregiver of any reasonable risk and or alternative associated with any procedure provided in the home. ... As applicable, past medical information shall be obtained from the transferring / referring organization."	N 542		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 542	Continued From page 55 Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse updated the plan of care to include interventions for issues identified in the comprehensive assessment and reassessments for 3 of 5 clinical records reviewed with the potential to affect all current 4 patients. (# 1, 2, and 5) Findings include: 1. Clinical record #1, start of care (SOC) 4/12/13, failed to evidence the plan of care dated 8/12/13 through 10/11/13 was based on an updated comprehensive assessment. 2. Clinical Record # 5, SOC 07/09/13, evidenced physician orders for certification period 07/09/13 to 09/09/13 for skilled nursing services to assist with medication management at least every 30 days for 2 months. A. The initial comprehensive/admission assessment indicated the patient had a covered wound on the gluteal area and nephrostomy tubes with dressings. The Plan of Care failed to include the gluteal wound, type of dressings for all areas, and directions for care for all areas. B. The comprehensive/reassessment dated 9/12/13, evidenced the patient had nephrostomy tubes. The Plan of Care for 9/10/13 to 12/10/13 failed to include the type of dressing and directions for care. C. An interview with Employee B (Registered Nurse) on 12/19/13 at 12:00 p.m., indicated she didn't remove the dressing to the gluteal site.	N 542		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 542	Continued From page 56 The employee indicated she was not able to get a detail order from the physician. 3. A policy titled "Plan of Care" dated 11/15/10, indicated the "Plan of Care is based on the comprehensive assessment and information provided by the patient/family...The Plan of Care shall be completed in full to include...specific procedures and services...medications, treatment and procedures.	N 542		
N 545	410 IAC 17-14-1(a)(1)(F) Scope of Services Rule 14 Sec. 1(a) (1)(F) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (F) Coordinate services. This RULE is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse notified the physician of a change in condition for 1 of 5 records reviewed with the potential to affect all patients with a change in condition. (Patient # 5) Findings included: 1. Clinical record 5, SOC (start of care) 07/09/13, with physician orders for 07/09/13 to 09/09/13, evidenced, on 07/12/13, Employee F (Licensed Practical Nurse) documented the patient had a scant amount of fresh blood to her left nephrostomy tube site during the dressing change and complained of pain during the dressing change. The clinical record had also evidenced the patient complained of soreness to her buttocks and was found to have excoriation to	N 545		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 545	Continued From page 57 the inner thigh. The record failed to evidence the physician was notified of these findings. a. Skilled nurse visit note dated 7/15/13 evidenced the patient had an open area around the right nephrostomy site. The record failed to evidence the physician was notified of these findings. b. Skilled nurse visit note dated 7/30/13 evidenced the patient had kidney spasms with a pain level of 5 on a pain scale of 1-10 with 10 being the worst amount of pain. The record failed to evidence the physician was notified of these findings. c. Skilled nurse visit note dated 8/06/13 evidenced the patient continued to have painful kidney spasms 4 to 5 times per day. The record failed to evidence the physician was notified of these findings. d. An interview with Employee B (Registered Nurse) on 12/18/13 at 2:50 p.m., indicated Employee F did not contact her regarding the painful bladder spasms, excoriation, and open area around the right nephrostomy site. Employee B indicated she would review the clinical notes when Employee F wound turn them in. 2. A policy titled, "Skilled Nursing Services" dated 10/26/10, indicated "The Licensed Practical Nurse: ... Assists the registered nurse to complete the physician plan of care for skilled services ... Reports findings and observations to the registered nurse and other members of the team to assure coordination and timely response to patient changes or needs. ... Informs MD of findings and observations, after consultation with	N 545		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 545	Continued From page 58 RN, to assure coordination and timely response to patient changes or needs."	N 545		
N 546	410 IAC 17-14-1(a)(1)(G) Scope of Services Rule 14 Sec. 1(a) (1)(G) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (G) Inform the physician and other appropriate medical personnel of changes in the patient's condition and needs, counsel the patient and family in meeting nursing and related needs, participate in inservice programs, and supervise and teach other nursing personnel. This RULE is not met as evidenced by: Based on clinical record review and interview, the agency failed to ensure the physician was notified prior to an admission of home health services, resumption of care orders, and changes in condition for 2 of 5 records reviewed. (# 2 and 5) Findings include: 1. Clinical Record # 2, SOC (start of care) 07/19/12, evidenced physician orders for certifcation period 09/19/13 to 11/18/13 for skilled nursing services. a. The clinical record evidenced a fax had been sent to the physician on 01/28/13, that stated, "On 01/27/13, b/p (blood pressure) dropped to 50/30 w/ [with] a pulse of 44 ... I will have her caregiver check the b/p before each dose of meds (medications) et (and) call if systolic is < [less than] 100."	N 546		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 546	Continued From page 59 b. The clinical record evidenced a fax had been sent to the physician on 09/03/13, indicating the patient was in the hospital from 08/25/13 to 8/29/13. The clinical record failed to include orders for resumption of care. 2. Clinical Record # 5, SOC 07/09/13, evidenced physician orders for certification period 09/09/13 to 11/09/13 for skilled nursing services. a. The clinical record evidenced the patient had an initial comprehensive / admission assessment on 07/09/13 at 9:30 a.m. The clinical record failed to include orders for admission for services prior to the comprehensive assessment. b. The clinical record evidenced a nursing note dated 09/18/13, indicated the patient was admitted into the hospital. A nursing note dated 09/23/13, indicated the patient was admitted to a skilled nursing facility. A nursing note dated 10/08/13, indicated a LPN (Licensed Practical Nurse) had seen the patient. The clinical record failed to include notification to the patient's physician for resumption of care orders. 3. An interview with Employee B on 12/19/13 at 12:00 p.m., indicated she was at Patient # 5 home for another reason and the patient had asked for the agencies services in management of the nephrostomy tubes and she was on vacation when the patient returned from the hospital. Employee B indicated she was informed the skilled nursing facility did not notify the agency upon discharge but the patient had called the agency on 10/07/13. 4. An interview with Employee C on 12/19/13 at 1:20 p.m., indicated she was not familiar with the patient. Employee C indicated a physician should	N 546		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 546	Continued From page 60 be notified for orders upon returning home from an admission to a hospital or skilled nursing facility. 5. A policy titled "Physician Orders" [undated], indicated "All medications, treatments, and services provided to patients must be ordered by a physician. ... The nurse shall document the implementation of order changes and instructions given to patients."	N 546		
N 549	410 IAC 17-14-1(a)(1)(J) Scope of Services Rule 14 Sec. 1(a) (1)(J) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (J) Direct the activities of the licensed practical nurse. This RULE is not met as evidenced by: Based on personnel file review and interview, the agency failed to ensure personnel was supervised for 1 of 6 personnel files reviewed. (F) Findings include: 1. Personnel file F, a licensed practical nurse with a date of hire 01/16/2007, failed to evidenced an annual performance evaluation for 2009, 2010, 2011, and 2012 or any documents related to the supervision of employee F. The Administrator indicated she was not able to locate personnel file F's yearly evaluations for 2009, 2010, 2011, and 2012. 2. An interview with the Administrator on	N 549		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 549	Continued From page 61 12/19/13 at 5:00 p.m., indicated she did not have specific details on how often license practical nurses are supervised. 3. A policy dated "Clinical Supervision" [undated], indicated "On-site supervision of patients receiving services will be performed by a Registered Nurse to direct, demonstrate, and evaluate the implementation of the Plan of Care and the delivery of services. The frequency and method of supervision will be based on the amount and type of care provided, patient complaints, and changes in patient condition."	N 549		
N 552	410 IAC 17-14-1(a)(2) Scope of Services Rule 14 Sec. 1(a) (2) The licensed practical nurse shall perform duties in accordance with the Indiana Nurse Practice Act (IC 25-23). This RULE is not met as evidenced by: Based on clinical record review and interview, the agency failed to ensure a licensed practical nurse performed duties in accordance with the Indiana Nurse Practice Act for 1 of 1 licensed practical nurse reviewed with the potential to affect all patient receiving services from employee F. (F) Findings included: 1. Clinical record 5, SOC (start of care) 07/09/13, evidenced, on 07/12/13, Employee F (Licensed Practical Nurse) documented the patient had a scant amount of fresh blood to her left nephrostomy tube site during the dressing change and complained of pain during the dressing change. The clinical record had also evidenced the patient complained of soreness to her buttocks and was found to have excoriation to	N 552		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 552	Continued From page 62 the inner thigh. There was lack of evidence to indicate the Registered Nurse was notified of these findings. 2. On 07/15/13, Clinical record 5 evidenced the patient had an open area around the right nephrostomy site. There was lack of evidence to indicate employee F notified the registered nurse and/or the physician of the finding. 3. On 7/30/13, Clinical record 5 evidenced the patient had kidney spasms with a pain level of 5 on a pain scale of 1-10 with 10 being the worst amount of pain. There was lack of evidence to indicate employee F notified the registered nurse and/or the physician of the finding. 4. On 08/06/13, Clinical record 5 evidenced the patient continued to have painful kidney spasms 4 to 5 times per day. There was lack of evidence to indicate employee F notified the registered nurse and/or the physician of the finding. 5. On 12/18/13 at 2:50 p.m., Employee B (Registered Nurse) indicated Employee F did not contact her regarding the painful bladder spasms or excoriation and open area around the right nephrostomy site. Employee B indicated she would review the clinical notes when Employee F wound turn them in. 6. A policy titled, "Skilled Nursing Services" dated 10/26/10, indicated "The Licensed Practical Nurse: ... Assists the registered nurse to complete the physician plan of care for skilled services ... Reports findings and observations to the registered nurse and other members of the team to assure coordination and timely response to patient changes or needs ... Informs MD of findings and observations, after consultation with	N 552		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 552	Continued From page 63 RN, to assure coordination and timely response to patient changes or needs..." 7. Indiana State Board of Nursing, 2013 Edition, pages 42-43 of "Rule 3 Licensed Practical Nursing," 848 IAC 2-3-1 Responsibility to apply the nursing process, Sec. 1. The LPN shall do the following: (1) Know and utilize the nursing process in planning implementing and evaluating health services and nursing care to the individual patient or client. (2) Collaboration with other members of the health team in providing for patient/client participation in health promotion, maintenance, and restoration ... (4) Assess health status of the patient/client, in conjunction with other members of the health care team, for analysis and identification of health goals ... 848 IAC 2-3-2 Responsibility as a member of the health team. The licensed practical nurse shall do the following: ... (2) Communicate, collaborate, and function with other members of the health care team to provide safe and effective care ... (4) Seek supervision as necessary from registered nurses and/or other members of the health care team when implementing nursing techniques or practices."	N 552		
N 553	410 IAC 17-14-1(a)(2)(A) Scope of Services Rule 14 Sec. 1(a) (2) For purposes of practice in the home health setting, the licensed practical nurse shall do the following: (A) Provide services in accordance with agency policies. This RULE is not met as evidenced by: Based on clinical record review and interview, the agency failed to ensure a licensed practical nurse performed duties in accordance with agency	N 553		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 553	Continued From page 64 policies for 1 of 1 licensed practical nurse reviewed with the potential to affect all patients receiving services from employee F. (F) Findings included: 1. A policy titled, "Skilled Nursing Services" dated 10/26/10, indicated "The Licensed Practical Nurse: ... Assists the registered nurse to complete the physician plan of care for skilled services ... Reports findings and observations to the registered nurse and other members of the team to assure coordination and timely response to patient changes or needs ... Informs MD of findings and observations, after consultation with RN, to assure coordination and timely response to patient changes or needs." 2. Clinical record 5, SOC (start of care) 07/09/13, evidenced, on 07/12/13, Employee F (Licensed Practical Nurse) documented the patient had a scant amount of fresh blood to her left nephrostomy tube site during the dressing change and complained of pain during the dressing change. The clinical record had also evidenced the patient complained of soreness to her buttocks and was found to have excoriation to the inner thigh. There was lack of evidence to indicate the Registered Nurse was notified of these findings. 3. On 07/15/13, Clinical record 5 evidenced the patient had an open area around the right nephrostomy site. There was lack of evidence to indicate employee F notified the registered nurse and/or the physician of the finding. 4. On 7/30/13, Clinical record 5 evidenced the patient had kidney spasms with a pain level of 5 on a pain scale of 1-10 with 10 being the worst	N 553		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011253	A. BUILDING: _____ B. WING _____	12/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR HOME SOLUTIONS INC	156-A SAGAMORE PKWY W WEST LAFAYETTE, IN 47906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 553	Continued From page 65 amount of pain. There was lack of evidence to indicate employee F notified the registered nurse and/or the physician of the finding. 5. On 08/06/13, Clinical record 5 evidenced the patient continued to have painful kidney spasms 4 to 5 times per day. There was lack of evidence to indicate employee F notified the registered nurse and/or the physician of the finding. 6. On 12/18/13 at 2:50 p.m., Employee B (Registered Nurse) indicated Employee F did not contact her regarding the painful bladder spasms or excoriation and open area around the right nephrostomy site. Employee B indicated she would review the clinical notes when Employee F wound turn them in.	N 553		